

## **Student Employment Separation Notice**

Employee Name:	Student ID #:	
Department Name:	Date Employment Will End:	
Student Position Title:		
Reason for Separation: Graduated Q	Quit Fired Lack of Funds Lack of Wo	rk 🗌 Other
Employers Account Number:		
(Account student is being paid out of, 13 digit number)		
Employers Account Number:		
(Account student is being paid out of, 13 digit number)		
I CERTIFY that the above worker has been se	eparated from work and the information furni	shed here on
	s been given to the Student Employment Offic	
is true and corrections report na	o been given to the ordanic Employment em	
Department/Student Supervisor:		
Department/student supervisor.	(Signature)	(Date)
	(Signature)	(Date)
Department/Student Supervisor Printed Nam	ie.	
Department, Stadent Supervisor Timed Ham	(Printed Name)	(Date)
	(	(= 3.5)
Student Employment Office:		
Student Employment Office.	(Signature)	(Date)
	(Signature)	(Date)
No	tice to Employer:	
	to the department of Human Resources. This process eliminates	
	ice and the Business Office will be notified of your decision to rel	lease the student
worker and on	what grounds you have done such.	
Church	deat Franks went Office	
	dent Employment Office Lower Simmons 104	
	); Email: hrintern2@leeuniversity.edu	
	,	
For Office Use Only		
Student Employment Office:	Payroll Office:	:
Data Entry:	Data Entry:	
Processed:	Complete:	